

**Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report**

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE		ESTABLISHMENT NAME	
Regular		<input checked="" type="checkbox"/>	15	4/25/2018		SUBWAY - AGANA	
Follow-up				TIME IN	TIME OUT	PERMIT HOLDER	
Complaint	<input checked="" type="checkbox"/>		RATING	2:30PM	4:30PM	NAKICOS CORPORATION	
Investigation			B	SANITARY PERMIT NO.		LOCATION (Address)	
Other:				170002602		LOT B2-1-5 RIO NEW-3 #302 So RTE 4 AGANA SHOPPING CTR SPACE 329 HAGATNA GUAM	
ESTABLISHMENT TYPE				AREA	TELEPHONE	No. of Risk Factor/Intervention Violations	RISK CATEGORY
RESTAURANT				8	477-0290	2	3
						No. of Repeat Risk Factor/Intervention Violations	
						N/A	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status			COS	R	PTS	Compliance Status			COS	R	PTS
Supervision											
1	<input checked="" type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performance duties			6						
Employee Health											
2	<input checked="" type="checkbox"/> OUT	Management awareness, policy present			6						
3	<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction & exclusion			6						
Good Hygienic Practices											
4	<input checked="" type="checkbox"/> OUT N/A N/O	Proper eating, tasting, drinking, betelnut, or tobacco use			6						
5	<input checked="" type="checkbox"/> OUT N/A N/O	No discharge from eyes, nose, and mouth			6						
Preventing Contamination by Hands											
6	<input checked="" type="checkbox"/> OUT N/A N/O	Hands clean and properly washed			6						
7	<input checked="" type="checkbox"/> OUT N/A N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			6						
8	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			6						
Approved Source											
9	<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> COS	Food obtained from approved source			6						
10	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> COS	Food received at proper temperature			6						
11	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Food in good condition, safe, and unadulterated			6						
12	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A N/O	Required records available: shellstock tags, parasite destruction			6						
Protection from Contamination											
13	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A	Food separated and protected			6						
14	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A	Food contact surfaces: cleaned & sanitized			6						
15	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food			6						
Potentially Hazardous Food (TCS Food)											
16	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A N/O	Proper cooking time and temperatures			6						
17	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A N/O	Proper reheating procedures for hot holding			6						
18	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A N/O	Proper cooling time and temperature			6						
19	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A N/O	Proper hot holding temperatures			6						
20	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A	Proper cold holding temperatures			6						
21	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A N/O	Proper date marking and disposition			6						
Consumer Advisory											
22	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Consumer Advisory provided for raw or undercooked foods			6						
Highly Susceptible Populations											
23	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Pasteurized Foods used; prohibited foods not offered			6						
Chemical											
24	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food additives: approved and properly used			6						
25	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Toxic substances properly identified, stored, used			6						
Conformance with Approved Procedures											
26	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Compliance with variance, specialized process, and HACCP plan			6						

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: If numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status			COS	R	PTS	Compliance Status			COS	R	PTS
Safe Food and Water											
27		Pasteurized eggs used where required			1						
28		Water and Ice from approved source			2						
29		Variance obtained for specialized processing methods			1						
Food Temperature Control											
30		Proper cooling methods used; adequate equipment for temperature control			1						
31		Plant food properly cooked for hot holding			1						
32		Approved thawing methods used			1						
33		Thermometer provided and accurate			1						
Food Identification											
34		Food properly labeled; original container			1						
Prevention of Food Contamination											
35		Insects, rodents, and animals not present			2						
36	<input checked="" type="checkbox"/> X	Contamination prevented during food preparation, storage & display			1						
37		Personal cleanliness			1						
38	<input checked="" type="checkbox"/> X	Wiping cloths: properly used and stored			1						
39		Washing fruits and vegetables			1						
Proper Use of Utensils											
40		In-use utensils: properly stored			1						
41	<input checked="" type="checkbox"/> X	Utensils, equipment and linens: properly stored, dried, handled			1						
42		Single-use/single-service articles: properly stored, used			1						
43		Gloves used properly			1						
Utensils, Equipment and Vending											
44		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1						
45		Warewashing facilities: installed, maintained, used; test strips			1						
46		Nonfood-contact surfaces clean			1						
Physical Facilities											
47		Hot & cold water available, adequate pressure			2						
48		Plumbing installed; proper backflow devices			2						
49		Sewage and wastewater properly disposed			2						
50		Toilet facilities: properly constructed, supplied, & cleaned			2						
51		Garbage/refuse properly disposed; facilities maintained			2						
52		Physical facilities installed, maintained, and clean			1						
53		Adequate ventilation and lighting; designated areas use			1						

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.					
Person in Charge (Print and Sign) <u>ORMA, MARIA</u>				Date: <u>4/25/18</u>	
DEH Inspector (Print and Sign) <u>J. CRUZ EPHOL</u>				Follow-up (Circle one): <u>YES</u> NO	
				Follow-up Date <u>5/5/18</u>	

Department of Public Health and Social Services
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ESTABLISHMENT NAME

SUBWAY - AGANA

LOCATION (Address)

LOT 82-1-5 RIO NEW 3 #302 SO RTE 4
AGANA SHOPPING CTR SPACE 329 HAGA NA GUAM

INSPECTION DATE

4 / 25 / 2018

SANITARY PERMIT NO.

170002602

PERMIT HOLDER

NAKICOS CORPORATION

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
MEATBALL / SERVICE LINE	148.5		
TUNA / SERVICE LINE	40.0		
TURKEY / SERVICE LINE	35.0		
CHICKEN / SERVICE LINE	40.0		
SLICED ONION / SERVICE LINE	41.0		
TUNA / BOTTOM CHILLER	41.0		
ROAST BEEF / BOTTOM CHILLER	40.0		
HAM / WALKIN CHILLER	32.5		

ITEM NO.

OBSERVATIONS AND CORRECTIVE ACTIONS

CORRECT
BY DATE

Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

REGULAR INSPECTION WAS CONDUCTED BASED ON COMPLAINT #18-094 REGARDING A LIZARD TAIL IN A CUP FROM THE ICE/DRINK MACHINE. PREVIOUS ASSESSMENT WAS CONDUCTED ON 4/18/2016.

FOLLOWING WAS OBSERVED.

NO EVIDENCE TO SUPPORT COMPLAINT WAS FOUND AT THE TIME OF THE INSPECTION.

8 NO PAPER TOWEL IN MEN'S RESTROOM. HANDWASHING SINK IN REAR OF RESTAURANT INDISREPAIR. 5/5/18
ALL HANDWASHING SINK SHALL BE PROPERLY SUPPLIED & GOOD REPAIR TO PROMOTE PROPER HANDWASHING HYGIENE.

#14 CUTTING BOARD WITH DEEP GROOVES AND DARK STAINS. 5/5/18
ALL FOOD CONTACT SURFACE SHALL BE PROPERLY CLEAN TO PREVENT CROSS CONTAMINATION.

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in further regulatory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicated correction date.

Person in Charge (Print and Sign)

ORMA, MARLA

Date:

4/25/18

DEH Inspector (Print and Sign)

J. CRUZ EPH01

Date:

4/25/18

C. TAKASE EPH01

White: DPHSS/DEH Yellow: Food Establishment

Department of Public Health and Social Services
Division of Environmental Health

Food Establishment Inspection Report

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ESTABLISHMENT NAME SUBWAY - AGANA		LOCATION (Address) LOT 42-7-5 RIO NEW-3 #302 50 RTZ 4 AGANA SHOPPING CTR SPALF 329 HAGATNA 61	
INSPECTION DATE 4/25/2018	SANITARY PERMIT NO. 170002602	PERMIT HOLDER NAKIKOS CORPORATION	

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

#25	WINDOW CLEANER STORED WITH SINGLE SERVICE ARTICLES. ALL CHEMICALS SHALL BE PROPERLY STORED TO PREVENT CROSS CONTAMINATION. COS CLEANER WAS REMOVED.	5/25/18
#36	RAW VEGETABLES STORED ON THE TRASH CAN. ALL PHF/TCS FOODS SHALL BE PROPERLY STORED TO PREVENT CONTAMINATION.	5/25/18
#38	WIPPING CLOTH WAS NOT STORED PROPERLY. WIPPING CLOTHS SHALL BE STORED IN SANITIZING SOLUTION TO PREVENT PATHOGEN GROWTH.	5/25/18
#41	UTENSILS STORED BETWEEN WARE WASHING SINK AND WALL. UTENSILS SHALL BE STORED TO PREVENT CONTAMINATION. PHOTOS WERE TAKEN B PLACARD No. 01038 BRIEFED ABOVE WITH PIC	5/25/18

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in further regulatory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicated correction date.

Person In Charge (Print and Sign) ORDA MARLA	Date: 4/25/18
DEH Inspector (Print and Sign) J. CRUZ EPHOI	Date: 4/25/18